

3517

03505

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist.

No. 64

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY	Caroline		STATE	Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	FEDERALSBURG		CITY (If outside corporate limits write RURAL and give nearest town)	FEDERALSBURG	
OR TOWN	FEDERALSBURG		OR TOWN	FEDERALSBURG	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Brooklyn Avenue		STREET ADDRESS (If rural, give location)	Brooklyn Avenue	
3. NAME OF DECEASED: (Type or Print)			4. DATE OF DEATH		
(First) (Middle) (Last)			(Month) (Day) (Year)		
Thomas George Orem Chase			April 21 19 55		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	Colored	Divorced	Sept. 22, 1917	37 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Day Laborer		Shoe Repair Shop		Federalsburg, Maryland	
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
George W. Chase			Bertha Webb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
No		Unknown		Bertha E. Prattis, Federalsburg, Maryland	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			?	
Immediate cause (a) <i>Myocarditis</i>				
DUE TO				
Antecedent cause(s) (b) <i>Pulmonary Edema</i>			2 hr -	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .				
SIGNATURE <i>Dr. George</i>		M. D. ASSISTANT MEDICAL EXAM. <input checked="" type="checkbox"/>		
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY
Burial		April 24, 1955		Federal Hill Cemetery
LOCATION (City, town, or county) (State)		Federalsburg, Maryland		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS
April 23, 1955		Margaret H. Frampton		J. J. Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 4 1955

RECEIVED

3518

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Bethlehem</u>		LENGTH OF STAY (in this place) <u>8 Yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Bethlehem</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>08</u>				STREET ADDRESS (If rural give location) <u>/</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) <u>William</u>		(Middle) <u>Richard</u>		(Last) <u>Christopher</u>		(Month) (Day) (Year) <u>April 4 19 55</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>October 8, 1873</u>	9. AGE last birthday <u>81</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Bridge Tender-Talbot County</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Talbot County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Isaiah Christopher</u>				14. MOTHER'S MAIDEN NAME: <u>Suda Hopkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Margaret Pizzi, Kirklyn, Penna.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Acute Coronary Occlusion</u>						<u>3 days</u>	
ANTECEDENT CAUSE (B) <u>Coronary Artery Sclerosis</u>						<u>10 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C) <u>Genovul/ary Arteriosclerosis</u>						<u>20 yrs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/26</u> , 19 <u>41</u> , to <u>4/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/4</u> , 19 <u>55</u> , and that death occurred at <u>8:40 P.</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Aug B. Plummer</u>		M. D. <u>Preston</u>		ADDRESS <u>4/5/55</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>April 7, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Linchester Cemetery</u>		LOCATION (City, town, or county) (State) <u>Preston, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4-5-55</u>		REGISTRAR'S SIGNATURE <u>Cornelia D. Plummer</u>		24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg</u>		ADDRESS	

BUREAU V. S.

APR 11 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03507  
3519  
CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR TOWN) <u>Greensboro</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Greensboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural give location) <u>None</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Emory</u>	(Middle) <u>Claude</u>	(Last) <u>Conner</u>	DATE OF DEATH: <u>4</u> <u>4</u> <u>55</u> 19
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE. MARRIED. WIDOWED, DIVORCED. <u>Married</u>	8. DATE OF BIRTH: <u>1/12/1894</u>
9. AGE last birthday <u>61</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) <u>Retired Farm Owner</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Richard Conner</u>		14. MOTHER'S MAIDEN NAME: <u>Cora Corkran</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR FORCE? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>194-22-7943</u>	
17. INFORMANT & ADDRESS: <u>Helen Conner Greensboro, Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
200.1 IMMEDIATE CAUSE (A) <u>Lymphosarcoma</u>			<u>23 months</u>
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 8, 1953</u> , to <u>April 4, 1955</u> , that I last saw the deceased alive on <u>April 3, 1955</u> , and that death occurred at <u>2:25 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Charles H. Stouffer</u>		DATE SIGNED <u>April 5, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4/6/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		LOCATION (City, town, or county) (State) <u>Greensboro, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>April 6-1955</u>		REGISTRAR'S SIGNATURE <u>L. MacP...</u>	
24. FUNERAL DIRECTOR <u>J.E. Boula...</u>		ADDRESS <u>Greensboro, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 11 1955

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3520

03508

Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
TOWN <u>Denton - Rural</u>		<u>Life</u>		TOWN <u>Denton - Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pinetown</u>				STREET ADDRESS (If rural, give location) <u>Pinetown</u>			
3. NAME OF DECEASED: (First) <u>Edward</u>		(Middle) <u>William</u>		(Last) <u>Dickerson</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>16</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>October 15, 1900</u>	9. AGE last birthday: <u>54</u> yrs.	IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>		11. BIRTHPLACE (State or foreign country): <u>Caroline Co., Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>No data available</u>				14. MOTHER'S MAIDEN NAME: <u>Alice Dickerson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>218-10-7398</u>		17. INFORMANT & ADDRESS: <u>Mary E. Thompson, Atlantic City, N. J.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH: <u>immediate</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<u>825X</u> Immediate cause (a) <u>Internal Injuries</u> DUE TO <u>Crushed Chest</u> Antecedent cause(s) (b) <u>  </u> Diseases or conditions, if any, giving rise to the above cause DUE TO <u>  </u> stating underlying cause last (c) <u>  </u>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Highway</u>		21c. (City or town) <u>Rural Denton Caroline</u> (County) <u>  </u> (State) <u>  </u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4 16-55 3:30 P.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Damon D. George</u>		M. D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		DATE SIGNED <u>4-21-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>April 21, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>		LOCATION (City, town, or county) <u>Near Federalsburg, Md.</u> (State) <u>  </u>	
DATE REC'D BY LOCAL REG. <u>4/21/55</u>		REGISTRAR'S SIGNATURE <u>M. D. George</u>		24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS <u>  </u>	

BUREAU V. S.

APR 26 1955

RECEIVED



3521

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Caroline</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Denton</i>		LENGTH OF STAY (in this place) <i>2 yrs</i>		CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN <i>Denton, Md.</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <i>Margaret</i> (Middle) <i>Newton</i> (Last) <i>Henderson</i>				(Month) <i>Apr.</i> (Day) <i>20</i> (Year) <i>1955</i>			
5. SEX: <i>F</i>		6. COLOR OR RACE: <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH:	
				<i>Jan. 29, 1874</i>		<i>81</i> yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. <i>Missionary</i>				10b. KIND OF BUSINESS OR INDUSTRY: <i>Africa</i>		11. BIRTHPLACE (State or foreign country): <i>England</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>							
13. FATHER'S NAME: <i>Thomas G. Newton</i>				14. MOTHER'S MAIDEN NAME: <i>Frances Thomas</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: <i>Mrs. E. Sutton Denton, Md.</i>	
(If Yes, give war or dates of service)							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
<i>422.2 Immediate cause</i>						<i>4 Mon</i>	
(a) <i>Myocarditis Chronic</i>							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.						(b) <i>Cerebral Hemorrhage</i>	
DUE TO						DUE TO	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE HOMICIDE		OF INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
m.							
22. I hereby certify that I attended the deceased from <i>Jan</i> 19 <i>55</i> to <i>4-20</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>4-18</i> , 19 <i>55</i> , and that death occurred at <i>4 AM</i> , from the causes and on the date stated above.							
SIGNATURE (Degree or title) <i>Samuel O. George, M.D.</i>				DATE SIGNED <i>4-20-55</i>			
ADDRESS <i>Denton, Md.</i>							
23. BURIAL, CREMATION, REMOVAL. (Specify) <i>Burial</i>		DATE THEREOF <i>Apr. 25, 1955</i>		NAME OF CEMETERY OR CREMATORY <i>Hereford</i>		LOCATION (City, town, or county) (State) <i>Hereford, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>4-20-55</i>		REGISTRAR'S SIGNATURE <i>Sam O. George</i>		24. FUNERAL DIRECTOR <i>Virgil Moore</i>		ADDRESS <i>Denton, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 26 1955

RECEIVED

3522

## CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Greensboro</u>	LENGTH OF STAY (in this place) <u>72 Yrs.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Greensboro</u>	<u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural give location) <u>None</u>	<u>1</u>
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Mary</u>	(Middle) <u>Emily</u>	(Last) <u>Howard</u>	OF DEATH: <u>4</u> <u>17</u> <u>55</u> <u>19</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH: <u>6/22/1882</u>
9. AGE last birthday: <u>72</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Robert Hopkins</u>		14. MOTHER'S MAIDEN NAME: <u>Louise Wyatt</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Frank Howard Greensboro, Md.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
170X IMMEDIATE CAUSE (A) <u>Adeno Carcinoma of Breast</u>			
ANTECEDENT CAUSE (B) <u>Generalized Metastases</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) <u>Diffuse Chronic Cardiovascular Disease</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>1/7/53</u>		19B. MAJOR FINDINGS OF OPERATION: <u>Rt. Radical Mastectomy. Carcinoma of Breast</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.) INJURY OCCUR?	
21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1953</u> , to <u>Apr. 17, 1955</u> , that I last saw the deceased alive on <u>Apr. 17, 1955</u> , and that death occurred at <u>4:10 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Charles H. Hester</u>		DATE SIGNED <u>Apr 18 1955</u> Ind	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4/20/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		LOCATION (City, town, or county) (State) <u>Greensboro, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Apr 20 - 1955</u>		REGISTRAR'S SIGNATURE <u>L. M. Pippin</u>	
24. FUNERAL DIRECTOR <u>J. E. Boulaie</u>		ADDRESS <u>Greensboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BURKE, W. B.

APR 25 1955

RECEIVED  
APR 25 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

03511

3523

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4/

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN <u>Greensboro</u> <u>79 Yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Greensboro</u> <input checked="" type="checkbox"/>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS <u>None</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Wilbert</u> (Middle) <u>Mc</u> (Last) <u>Knatt</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>8</u> (Year) <u>55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>1/13/1876</u>
9. AGE last birthday <u>79</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer Owner</u>	
11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John McNatt</u>		14. MOTHER'S MAIDEN NAME <u>Mary Dill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>218-20-4119</u>	
17. INFORMANT AND ADDRESS <u>Laura Truitt Queen Anne, Md.</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

Immediate cause (a) Coronary occlusionAntecedent cause(s) (b) Coronary sclerosis

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH  
few minutes  
?

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

21. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>		<u>4/12/55</u>	<u>Greensboro</u>	<u>Greensboro, Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
<u>4/12/1955</u>		<u>L. M. Pappas</u>	<u>J. E. Boulain</u>		<u>Greensboro, Md.</u>





## 3524 CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write OR and give nearest town) <u>Denton</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>Ind.</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>ANNA</u>	(Middle) <u>J.</u>	(Last) <u>NORRIS</u>	(Month) <u>APR</u> (Day) <u>22</u> (Year) <u>1955</u>
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH: <u>Nov. 16, 1877</u>
9. AGE last birthday: <u>77</u> yrs.		10. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Month Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Henry Wright</u>		14. MOTHER'S MAIDEN NAME: <u>Laura Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>-</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Norris - Denton Ind.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cerebral Hemorrhage</u>			
Antecedent causes (s) (b) <u>Arteriosclerotic Cardiovascular Disease</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 22, 1955</u> , to <u>Apr. 22, 1955</u> , that I last saw the deceased alive on <u>Apr. 22, 1955</u> , and that death occurred at <u>Denton Ind.</u> from the causes and on the date stated above.			
SIGNATURE <u>Charles H. Stines</u>		DATE SIGNED <u>Apr 23 1955</u>	
23. BURIAL, CREMATION, RE MOVAL- (Specify) <u>Burial</u>		DATE THEREOF <u>Apr. 23, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Denton Ind.</u>		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR <u>4/25/55</u>		REGISTRAR'S SIGNATURE <u>Wm. D. George</u>	
24. FUNERAL DIRECTOR <u>J. Virgil McArthur</u>		ADDRESS <u>Denton, Ind.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 3 1966

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3525

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

03513

Reg. Dist.

No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Caroline</b>		MARYLAND		STATE <b>Florida</b>		COUNTY <b>Duval</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>Federalsburg - Rural</b>		LENGTH OF STAY (in this place) <b>11 months</b>		CITY (If outside corporate limits write RURAL and give nearest town) <b>Jacksonville</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Near Friendship</b>				STREET ADDRESS (If rural, give location) <b></b>			
3. NAME OF DECEASED: (Type or Print)				(First)		(Middle)	
<b>William</b>				<b>Andrew</b>		<b>Norris</b>	
5. SEX:				7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<b>Male</b>		<b>Colored</b>		<b>Married</b>		<b>January 7, 1917</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<b>Day Laborer</b>				<b>Farm and Factory</b>		<b>Jacksonville, Florida</b>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<b>William Norris</b>				<b>Caretha Kitchen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<b>Yes</b>				<b>WW II</b>		<b>261-12-5766</b>	
				<b>Claretha M. Norris, Federalsburg, Md., R.F.D.</b>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) DUE TO <i>Fractured Cervical Vertebra</i> Antecedent cause(s) (b) DUE TO Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)						<i>few months</i>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
<i>Automobile accident</i>							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE				M. D.			
<i>Lauron D. George</i>				<b>4/9/55</b>			
23. BURIAL, CREMATION, REMOVAL (Specify):				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<b>Removal</b>				<b>April 16, 1955</b>		<b>Jacksonville</b>	
						<b>Jacksonville, Florida</b>	
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<b>April 11, 1955</b>				<i>Margaret H. Frampton</i>		<b>J.J. Frampton and Son, Federalsburg, Md.</b>	



MARYLAND STATE DEPARTMENT OF HEALTH

03514

3526

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Preston</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Preston</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>William</u> (First) <u>Philp</u> (Middle) <u>Philp</u> (Last)		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>5</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/8/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>62</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Scotland</u>		12. CITIZEN OF WHAT COUNTRY <u>Scotland</u> ✓	
13. FATHER'S NAME <u>John Philp</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Sim</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>208-05-7018</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Philp Preston, Maryland</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>420.0</u>		(a) <u>Acute Cor. Disease</u>	<u>3 days</u>
Antecedent cause(s)		(b) <u>Arteriosclerotic Heart Disease</u>	<u>10 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <u>Multiple Myeloma Hypertensive Blood</u>	<u>6 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/1/52, 1952, to 4/5, 1955, that I last saw the deceased alive on 4/5, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE <u>[Signature]</u>	DATE <u>4/9/55</u>	NAME OF CEMETERY OR CREMATORY <u>J. O. U. A. M.</u>	LOCATION (City, town, or county) <u>Preston Maryland</u> (State)
DATE REC'D BY LOCAL REG. <u>4-7-55</u>	REGISTRAR'S SIGNATURE <u>Cornelia D. [Signature]</u>	24. FUNERAL DIRECTOR <u>H. M. Hollis</u>	ADDRESS <u>Preston, Maryland</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 11 1955

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3527

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

03515

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Caroline</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<i>X</i> TOWN <i>Denton</i>		<i>35 yrs</i>		<i>Denton</i>		<i>X</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <i>JOHN</i> (Middle) <i>ALBERT</i> (Last) <i>SEESE</i>				(Month) <i>APR</i> (Day) <i>1</i> (Year) <i>19 55</i>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
<i>M</i>	<i>W</i>	<i>married</i>	<i>APR. 12, 1878</i>	<i>76</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<i>Carpenter</i>		<i>Building</i>		<i>Pennsylvania</i>		<i>USA</i>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>Ephraim Seese</i>				<i>Lucinda Wertz</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<i>no</i>						<i>Mrs. Albert Seese, Denton, Md.</i>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
<i>420.1</i>						<i>gas minutes</i>	
Immediate cause (a) DUE TO						<i>4 wks.</i>	
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, or office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 28</i> , 19 <i>30</i> , to <i>April 1</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>Jul 19</i> , 19 <i>55</i> , and that death occurred at <i>6 A.M.</i> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<i>Paul Burks M.D.</i>				<i>Denton Md</i>		<i>4-2-55</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Apr. 4, 1955</i>		<i>Denton</i>		<i>Denton, Md</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
<i>4-4-55</i>		<i>Dr. D. C. George</i>		<i>J. Virgil Woodson</i>		<i>Denton</i>	

BUREAU V. S.

APR 11 1957

RECEIVED